



# Wish Child Form

## Wish Child's Information

Full Legal Name: \_\_\_\_\_  
First Middle Last

Preferred Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child's Home Telephone: (\_\_\_\_) \_\_\_\_\_ Child's Mobile Telephone: (\_\_\_\_) \_\_\_\_\_

Child's Email: \_\_\_\_\_

### Shirt Size:

- |  |  |
|--|--|
| <input type="checkbox"/> 2T            | <input type="checkbox"/> Adult X-Small   |
| <input type="checkbox"/> 4T            | <input type="checkbox"/> Adult Small     |
| <input type="checkbox"/> Youth X-Small | <input type="checkbox"/> Adult Medium    |
| <input type="checkbox"/> Youth Small   | <input type="checkbox"/> Adult Large     |
| <input type="checkbox"/> Youth Medium  | <input type="checkbox"/> Adult X-Large   |
| <input type="checkbox"/> Youth Large   | <input type="checkbox"/> Adult XX-Large  |
| <input type="checkbox"/> Youth X-Large | <input type="checkbox"/> Adult XXX-Large |

## My Favorites

Color \_\_\_\_\_

Book/Story \_\_\_\_\_

Game \_\_\_\_\_

Food \_\_\_\_\_

Restaurant \_\_\_\_\_

Cake/Candy \_\_\_\_\_

Snack Food \_\_\_\_\_

Class in School \_\_\_\_\_

Music/Singer \_\_\_\_\_

Hobby \_\_\_\_\_

Movie \_\_\_\_\_

Show \_\_\_\_\_

Actor/Actress \_\_\_\_\_

Sport/Athlete \_\_\_\_\_

Pet/Animal \_\_\_\_\_

Other \_\_\_\_\_





## Hobbies & Interests:

When I'm outside, I like to...

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When I'm inside, I like to...

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Electronics / Games that I like to play with are...

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When I'm with my family, I like to...

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When I'm with my friends, I like to...

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## Wish Idea Brainstorm

**Volunteer Note:** Please capture details about each wish idea expressed by the wish child. Space is provided to capture up to four ideas, but all four are not required. At least two ideas should be captured.

Wish Idea: \_\_\_\_\_

### **WHY**

*Why is this  
important to you?*

### **WHAT**

*What would you  
like to do? What  
does it look like?*

### **HOW**

*How did you hear  
about it?*

***Tell me more – tell  
me everything you  
know about it.***

Wish Idea: \_\_\_\_\_

### **WHY**

*Why is this  
important to you?*

### **WHAT**

*What would you  
like to do? What  
does it look like?*

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Wish Idea: \_\_\_\_\_

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**WHAT**

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*How did you hear about it?*

***Tell me more – tell me everything you know about it.***

Wish Idea: \_\_\_\_\_

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**WHAT**

*What would you like to do? What does it look like?*

**HOW**

*How did you hear about it?*

***Tell me more – tell me everything you know about it.***





# Volunteer Notes

Wish Child's Name: \_\_\_\_\_  
*First Middle Last*

Please complete a notes page after completing the initial wish discovery visit to ensure we can fully understand the wish child and their interests. Notes may include, but are not limited to the following:

- Any additional ideas expressed by the wish child
- Specific details of the envisioned wish experiences not captured on Wish Child Form
- Specific family needs and/or requests
- Questions and comments from family members
- Stories and pictures that help to understand why the child's wish ideas are meaningful for them
- Any additional information about the wish child and/or wish family that you want to share with staff

Would a phone call with you to discuss this wish, wish child or wish family be helpful? ☐ Yes ☐ No





# Wish Family Form

Wish Child's Name: \_\_\_\_\_  
First Middle Last

## Non-Participating Adult Emergency Contact

In the event of an emergency, please provide the following information for an adult that will not be participating in the wish experience.

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Email: \_\_\_\_\_

Emergency Contact Relationship with Wish Child

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Child          | <input type="checkbox"/> Half-Sibling    | <input type="checkbox"/> Spouse/Partner |
| <input type="checkbox"/> Foster Parent  | <input type="checkbox"/> Nurse/Caregiver | <input type="checkbox"/> Step-Parent    |
| <input type="checkbox"/> Foster Sibling | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Step-Sibling   |
| <input type="checkbox"/> Friend         | <input type="checkbox"/> Relative        | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Grandparent    | <input type="checkbox"/> Sibling         |   |

## Requested Wish Participants

Please complete this information for each requested participant.

Full Legal Name: \_\_\_\_\_  
First Middle Last

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Preferred Phone Type: ☐ Home ☐ Work ☐ Mobile

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal Guardian of Wish Child: ☐ Yes ☐ No Resides with Wish Child: ☐ Yes ☐ No

Medical equipment or special accommodations required? ☐ Yes ☐ No

Relationship with Wish Child:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Child          | <input type="checkbox"/> Half-Sibling    | <input type="checkbox"/> Sibling        |
| <input type="checkbox"/> Foster Parent  | <input type="checkbox"/> Interpreter     | <input type="checkbox"/> Spouse/Partner |
| <input type="checkbox"/> Foster Sibling | <input type="checkbox"/> Nurse/Caregiver | <input type="checkbox"/> Step-Parent    |
| <input type="checkbox"/> Friend         | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Step-Sibling   |
| <input type="checkbox"/> Grandparent    | <input type="checkbox"/> Relative        | <input type="checkbox"/> Other          |



Additional copies of this page may be made to capture all requested participants.

Full Legal Name: \_\_\_\_\_  
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Relationship with Wish Child:

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Medical equipment or special accommodations required? ☐ Yes ☐ No

Relationship with Wish Child:

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|---|--|---|
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# Wish Information Form

Wish Child's Name: \_\_\_\_\_  
First Middle Last

## Scheduling the Wish

Please indicate three time periods in which you will have the greatest availability for fulfillment of the wish.

\_\_\_\_\_  
Month/Year or \_\_\_\_\_  
Month/Year or \_\_\_\_\_  
Month/Year

Is there anything on your calendar (upcoming medical treatments, school or work commitments, planned vacations, etc.) that might impact your ability to participate in a wish? ☐ Yes (please detail below) ☐ No

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## Driver Identification Information

Many wishes involve the use of a rental vehicle. For this reason, please indicate a primary and potential driver who may be driving during the course of the wish. **Please submit a photocopy of valid driver's license(s).**

Primary Driver, Name as it appears on license: \_\_\_\_\_

Valid D.L. #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Potential Driver, Name as it appears on license: \_\_\_\_\_

Valid D.L. #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have current automobile insurance? ☐ Yes ☐ No

Does your automobile insurance provide coverage while using a rental car? ☐ Yes ☐ No

Is your family comfortable driving a rental vehicle, if one were recommended for the wish? ☐ Yes ☐ No

Is a wheelchair accessible vehicle needed? ☐ Yes ☐ No





## Medical Information

Please fill out entirely if any requested participant has medical needs. Specific details can be listed within "additional requests".

Medical Questions	Yes	No	Notes
Does any requested participant have special dietary restrictions? If yes, please note.	<input type="checkbox"/>	<input type="checkbox"/>	
Does any requested participant require a wheelchair? If yes, please describe wheelchair size.	<input type="checkbox"/>	<input type="checkbox"/>	____ h ____ w ____ d
Will your family bring your own wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the wheelchair collapsible?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the wheelchair power? If yes, please note battery type.	<input type="checkbox"/>	<input type="checkbox"/>	____ dry cell ____ wet/gel cell
Does any requested participant require oxygen? If yes, please describe how often.	<input type="checkbox"/>	<input type="checkbox"/>	____ daytime ____ nighttime ____ 24 hours
Does any medication require refrigeration?	<input type="checkbox"/>	<input type="checkbox"/>	
Does any requested participant currently receive nursing care? If yes, please list the # of hours, agency and phone number.	<input type="checkbox"/>	<input type="checkbox"/>	Hours _____ Agency Name _____ Phone # _____
Does any requested participant have allergies to food or materials? If yes, please note who and what allergy.	<input type="checkbox"/>	<input type="checkbox"/>	
Does any requested participant require any other <u>medical</u> supplies? If yes, please detail who and what is required.	<input type="checkbox"/>	<input type="checkbox"/>	Participant _____ Supplies _____

**Additional Requests:** Any additional requests are at the discretion of the chapter office. If medical supplies are requested, please detail the relevant model number, manufacturer, size, dimensions, and any other pertinent information if needed during travel.

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## Travel Information

Please fill out entirely if the requested wish is a travel wish.

Travel Questions	Yes	No	Notes
Has your family flown before?	<input type="checkbox"/>	<input type="checkbox"/>	
Will an interpreter be needed?	<input type="checkbox"/>	<input type="checkbox"/>	
Will a rental car seat(s) be needed? If yes, please note how many/what type.	<input type="checkbox"/>	<input type="checkbox"/>	____ infant ____ toddler ____ booster
Are all requested participants able to sit up during take-off/landing on airplane? If no, please note who cannot.	<input type="checkbox"/>	<input type="checkbox"/>	
Will a rental stroller be needed? If yes, what type?	<input type="checkbox"/>	<input type="checkbox"/>	____ single ____ double
Will handicap accessible accommodations be required?	<input type="checkbox"/>	<input type="checkbox"/>	
Does each requested participant have valid passports?	<input type="checkbox"/>	<input type="checkbox"/>	
Does each requested participant (18 and over) have a valid U.S. federal or state-issued photo ID? If yes, please provide a copy of a valid ID for each individual.	<input type="checkbox"/>	<input type="checkbox"/>	
Does your medical insurance include coverage if traveling out of the state?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your family have a valid major credit card? Typically, a hotel will request a credit card for incidentals that may occur during a stay. If you do not have a credit card, other arrangements can be made; however, Make-A-Wish does need to know ahead of time.	<input type="checkbox"/>	<input type="checkbox"/>	

